

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO

10599376

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1				
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30	1	1	1	1			
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32	1	1	1	1			
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36	1	1	1	1			
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49							
50							
TOTAL IND.			4				
TOTAL DEP.		26					
TOTAL CLAIMS		30					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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99							
100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							